



New Jersey Motor Vehicle Commission

SPECIAL SERVICES TITLES

P.O. BOX 017

TRENTON, NEW JERSEY 08666-0017

APPLICATION FOR CERTIFICATE OF OWNERSHIP

PLEASE DESCRIBE THE VEHICLE ACCURATELY

MAKE OF VEHICLE (PRINT)

MODEL

YEAR

COLOR

BODY TYPE

COMPLETE VEHICLE IDENTIFICATION NUMBER (NOT THE MOTOR NUMBER)

NO. OF AXLES

ODOMETER READING

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TENTHS	<input type="text"/>
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PLEASE CHECK
"YES" OR "NO"

Does your vehicle now have a lien? (Is your vehicle financed?)

Yes

No

If you checked "yes" PRINT name and address of bank or finance company below. If you checked "No", print "NONE" in the box below:

LIENHOLDER	NAME OF BANK OR FINANCE COMPANY (LIENHOLDER), IF NO LIEN PRINT "NONE"
	LIENHOLDER CORPCODE
	STREET ADDRESS OF LIENHOLDER

NAME AND ADDRESS OF OWNER AND CO-OWNER BELOW

OWNER	NAME:		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE):		
	DATE OF BIRTH:	EYE COLOR:	SEX:
	STREET:		
	CITY, STATE, ZIP CODE:		
CO-OWNER	NAME:		
	N.J. DRIVER LICENSE NO. (IF BUSINESS-CORPCODE):		
	DATE OF BIRTH:	EYE COLOR:	SEX:
	STREET:		
	CITY, STATE, ZIP CODE:		

STATEMENT OF **APPLICANT(S)** The undersigned hereby certifies all of the above to be true and correct and that the identification number shown on this form has been compared to the identification number on the motor vehicle and further certifies that they agree in every particular.

**SIGN
HERE**

x

OWNER

DATE

**SIGN
HERE**

x

CO-OWNER (if any)

DATE

**SIGN
HERE**

x

CO-OWNER (if any)

DATE

**SIGN
HERE**

x

CO-OWNER (if any)

DATE